

## Health equity policies: glycaemic control and health services use in insured and uninsured diabetics

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### Background

Socioeconomic disadvantage is associated with risks of poor diabetes control. In Switzerland, some vulnerable groups such as undocumented immigrants face barriers in accessing to health insurance and care. The Geneva University Hospitals facilitates access to best standard care to all patients irrespective of residency and insurance status. We compared glycaemic control and healthcare utilization in diabetics with and without insurance.

### Methods

We retrospectively analysed hospital data of all type 2 diabetic outpatients aged below 65 who had one or more HbA1c tested from Jan 1st 2012 to Dec 31st 2013. A mean HbA1c level < 7.1% defined good diabetes control.

### Results

Of the 209 diabetic outpatients, 80 (38%) were uninsured. Diabetes was well controlled in 109 (52.2%) without significant difference between groups ( $p=0.776$ ). In a multivariate logistic regression model, there was no significant association between diabetes control and insurance (OR: 1.14; 95%CI: 0.63-2.05), European origin (OR: 0.85; 95%CI: 0.45-1.60), female gender (OR: 1.15; 95%CI: 0.66-2.01) and age below 50 (OR: 1.25; 0.70-2.24). The mean number of HbA1c tests performed and the proportions of patients with >1 HbA1c tests performed did not significantly differ between groups. Both group had a comparable mean follow-up period between first and last tests ( $p=0.266$ ). Proportion of patients with HbA1c improvement (37.2% versus 40%,  $p=0.960$ ) and mean HbA1c change

(− 0.63% (SD: 2.3) versus 0.57 (SD: 1.9),  $p=0.870$ ) did not differ significantly between insured and uninsured. Insured had non-significantly more health interventions (20, SD: 20.1) than uninsured (16.9, SD: 10.9) ( $p=0.16$ ).

#### **Discussion**

This study shows that policies aiming at facilitating access to best standard diabetes care for vulnerable groups may

positively impact on glycaemic control equity between mainstream and vulnerable patients and do not lead to excess in healthcare utilization among uninsured.

#### **Key message**

- Equity based health policies to improve access to diabetic care for vulnerable groups reduces the gap in glycaemic control